

183.9

# **MUCOSAL ADMINISTRATION OF HSP 65 DECREASES ATHEROSCLEROSIS AND INFLAMMATION IN THE AORTIC ARCH OF LDL RECEPTOR DEFICIENT MICE**

R. Maron, G.K. Sukhova, A.M. Faria, E. Hoffman, E. Mach, P. Libby,  
and H.L. Weiner. Center for Neurologic Diseases and Vascular Medicine and  
Atherosclerosis Unit, Brigham and Women's Hospital, Harvard Medical School,  
Boston, MA.

Increasing evidence supports the involvement of inflammation and immunity in atherogenesis, as well as the role of autoimmunity to heat shock proteins in the progression of atherosclerosis. Mucosal administration of autoantigens decreases organ specific inflammation and disease in animal models (diabetes, arthritis and EAE) and is being tested in human clinical trials. We examined the effect of nasal or oral administration of HSP65 on atherosclerotic lesion formation in mice lacking the receptor for low-density lipoprotein maintained on a high cholesterol diet. Animals were nasally treated with 0.8ug HSP 65 three times every second day or orally treated with 8 ug HSP 65 on 5 consecutive days. A high cholesterol diet was started after the last treatment and mice were mucosally treated once/week for 8 weeks at which time pathologic analysis was performed. In nasally treated animals, we found a reduction in macrophage-positive area in the aortic arch (3.44% vs. 13.03% in controls,  $p = 0.006$ ) as well as a reduced number of T-cells ( $p = 0.02$ ). There was also a decrease in the size of atherosclerotic plaques. A similar trend was observed in orally treated animals but was not significant. Mice nasally treated with HSP also gained significantly less weight than fed or control treated mice. Our results suggest that nasal treatment with HSP reduces the inflammatory process associated with atherosclerosis and may provide a new treatment approach.

183.11

# **Phase I Clinical Trial of Orally Delivered Hepatitis B Surface Antigen Expressed in Potato Tubers.**

<sup>1</sup>Yasmin Thanavala, <sup>1</sup>Adrienne Scott, <sup>1</sup>Srabani Pal,

<sup>1</sup>Martin Mahoney and <sup>2</sup>Charles Arntzen. <sup>1</sup>Roswell Park Cancer Institute, Buffalo,

NY; <sup>2</sup>Boyce Thompson Institute for Plant Research, Ithaca, NY.

A randomized, doubleblind, placebo-controlled phase I clinical trial has been completed at Roswell Park Cancer Institute to evaluate the safety, tolerability and immunogenicity of orally delivered HBsAg expressed as a protein in transgenic potato tubers. Forty-five healthy healthcare workers with a history of known positive anti-HBc

## 183.7

### CHOLERA TOXIN B SUBUNIT AS MUCOSAL CARRIER-DELIVERY SYSTEM FOR SPECIFIC IMMUNOTHERAPY.

C. Czernikinsky<sup>1</sup>, P. Anjuers<sup>1</sup>, C. Rask<sup>2</sup>, J. Holmgren<sup>2</sup>. <sup>1</sup>INSERM Unit 364, Nice, France. <sup>2</sup>Dept of Medical Microbiology, University of Goteborg, Sweden.

Over the past few years attention has been devoted to the development of effective formulations that could prevent or delay HIV/AIDS transmission, such as through subcutaneous immunization [1, 2]. However, the use of subcutaneous immunization is not without drawbacks. Subcutaneous immunization is a powerful adjuvant system against for optimal induction of humoral responses [3]. However, it is not effective for suppressing T cell-mediated immunopathological responses to persistent infectious microorganisms. The mechanisms of the immunopathological responses in the induction of such form of suppression is currently under study. These studies will be presented and their implications will be discussed. (supported by INSERM, French Medical Research Council, European Communities EC Biotech IV Service).

## 153.8

**MYELIN-SPECIFIC TOLERANCE ATTENUATES DISEASE SEVERITY IN A VIRALLY INDUCED MODEL OF MULTIPLE SCLEROSIS.** Katherine L. Nauta, Lou Motz\*, and Stephen D. Miller. Northwestern University Medical School,

Chen, R., 2001, and 'Aetion Pharmaceuticals, New Haven, CT, 06511.

Their's Marine Encephalomyelitis Virus-Induced Demyelinating Disease (TMEV-IND) is a relevant model for the autoimmune disease multiple sclerosis (MS). TMEV-IND is a murine model of MS, characterized by CNS inflammation, clinical disease signs arise, characterized by specific paraneoplastic and progressive, and mononuclear cell infiltrate into the CNS. While initial demyelination in TMEV-IND is mediated by virus-specific CD4+ T cells, reactivity to myelin epitopes can be detected in TMEV infected mice 55 days post infection, demonstrating autoimmune specificity in this virally induced disease.

Administration of the fusion protein pA<sub>1</sub>, a fusion of myelin protein MSP and PLP, to TMEV infected SLX mice 40 days post infection attenuates disease severity in MP4 treated mice. This treatment also reduces the DTH reactivity to myelin peptides, indicating anti-myelin responses are centrally involved in the chronic progressive nature of TMEV-IND induced paralysis.

Additionally, T cells isolated from the spinal cords of TMEV infected animals proliferate and secrete IFN- $\gamma$  in response to PLP139-151 peptide stimulation *in vitro*. Both isolation of myelin specific cells from the CNS of TMEV infected animals, and subsequent cell reactivity to myelin peptides and myelin T cell antigens, are relevant to diseases such as in this virally induced myelin T cell model. This model is relevant to the study of the role of myelin T cells and support the idea of antigen specific tolerance as an effective treatment of ongoing autoimmune disease. (Supported by NIH grant NS23349)

## 183.9

### MUCOSAL ADMINISTRATION OF HSP 88 DECREASES ATHEROSCLEROSIS AND INFLAMMATION IN THE AORTIC ARCH OF LDL RECEPTOR DEFICIENT MICE

**ARCH OF ENDOLECANIN DEFICIENT MICE**  
R. Marra, G.K. Sakhorn, A.M. Paré, E. Hoffman, P. Mach, P. Libby,  
and B.I. Weiner. Center for Neurologic Diseases and Vascular Medicine and  
Atherosclerosis Unit, Brigham and Women's Hospital, Harvard Medical School  
Boston, MA.

[illegible]

## 183.10

#### HIGH DOSE -ANTIGEN FEEDING INDUCES CD4 T CELLS WITH SUPPRESSOR ACTIVITY IN THE LIVER.

T. WATANABE, Y. WAKATSUKI, M. YOSHIDA, T. ITOH, Y. USUI,  
T. CHIBA, and T. KITA, Dept. of Clinical and Bio-Regulatory Science,  
Kyoto Univ. Grad. Sch. of Med., Kyoto 606-8507, Japan.

Oral feeding of low or high dose anti-*Ag* (Ag<sup>+</sup>) induces Ag-specific immune-suppression in subsequent systemic challenge with the same Ag. Since a part of Ag fed at high dose should reach the liver as an intact Ag, we examined the effect of Ag<sup>+</sup> on the liver immune system. Mice were sacrificed by high dose Ag-feeding, OVA-TCT, immune system was fed 100 mg or 1 mg of OVA, or PBS every other day for three times and sacrificed 24 h after the last feeding. The results are shown in Fig. 2. Only intraperitoneal CD4<sup>+</sup> T cells from high dose Ag-fed mice suppressed both Ag-specific DTH and antiserum response when challenged with OVA-TCT. The suppressive effect of high dose Ag-feeding on the secretion of IL-10, TGF- $\beta$ , and especially IL-1 $\beta$  by spleen from Ag-fed mice were increased in an Ag-dose dependent manner, its highest effect was observed in mice fed with 100 mg of Ag<sup>+</sup> (Fig. 3). In addition, these mice were fed with Ag-fed mice inhibited Ag-specific proliferation of naive splenic CD4<sup>+</sup> T cells. FACS analysis revealed that the number of CD4<sup>+</sup> T cells in the spleen of mice fed with Ag<sup>+</sup> was reduced, associated with the up-regulation of FasL, suggesting that clonal deletion was induced in the liver. Naive splenic CD4<sup>+</sup> T cells from high dose Ag-fed mice were also inhibited to proliferate in the presence of cyclophosphamide to that of IL-1 $\beta$  from low dose Ag-fed mice. These results suggest that high dose Ag-feeding induced CD4<sup>+</sup> T cells with suppressive effect on the liver immune system. The suppressive effect of high dose Ag-feeding on the liver immune system is considered to be induced in the liver after high dose Ag-feeding.

## 183.11

## Phase I Clinical Trial of Orally Delivered Hepatitis B Surface Antigen Encapsulated in Potato Tubers.

<sup>1</sup>Yasmina Tsanovska, <sup>2</sup>Adrienne Scott, <sup>3</sup>Srabani Pal,  
<sup>1</sup>Martin Mahoney and <sup>2</sup>Charles Arnold.  
NY; <sup>2</sup>Roswell Park Cancer Institute for  
Plant Research, Ithaca, NY.

A randomized, double-blind, placebo-controlled phase I clinical trial has been completed at NewYork City Cancer Institute to evaluate the safety, tolerability and immunogenicity of orally delivered H1gG2 expressed as a protein in transgenic potato tubers. Forty-five healthy individuals were recruited for the trial. The 45 volunteers were randomized into one of three groups. Each group ate either vaccinated or placebo potato who defined intervals. The study was designed to evaluate the safety and immunogenicity of transgenic potatoes as well as the effect of the relative amounts of H1gG2 protein assigned. All other study participants followed through the completion of the study; immunology and anti-H1gG2 antibody determinations were performed before their first dose of vaccine and at predetermined intervals throughout the study. The results of the relative amounts of H1gG2 protein assigned and the immunogenicity of transgenic potatoes are discussed.

### R3.12

### ORAL IMMUNIZATION BY FOOD IS LESS EFFECTIVE THAN INTRAGASTRIC IMMUNIZATION

G.M. Lauterlager and L.A.Th. Hilgers. (SPON: W.J.A. Boersma).  
ILVO-Institute for Animal Science and Health, P.O. Box 65, 8200 AB, Melle, the Netherlands

The feasibility of oral vaccine was studied by oral immunization of mice with killed ovalbumin (OVA) mixed with standard food. Other mice were immunized with a similar dose of OVA by intraperitoneal immunization. Intraperitoneal immunization elicited 20-fold higher numbers of anti-OVA IgA and 35-fold higher numbers of anti-OVA IgG producing cells in the lamina propria of the gut than food immunization. Furthermore, intraperitoneal immunization elicited a 20-fold higher anti-OVA IgG response in serum and a 2-fold higher anti-OVA IgA response in tissues than food immunization. The addition of adjuvant to the oral vaccine in food did not weaken the immune response. Possible explanations for the difference between these two immunization routes will be discussed. We concluded that intraperitoneal immunization merely limited indicative for the effectiveness of edible vaccines.